RIDGEWOOD CARE CENTER

3205 WOOD ROAD

RACINE	53406	Phone: (262) 554	-6440	Ownership:	County
Operated from 1/	1 To 12/31	Days of Opera	tion: 365	Highest Level License:	Skilled
Operate in Conjun	ction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Se	t Up and St	affed (12/31/03): 210	Title 18 (Medicare) Certified?	Yes
Total Licensed Be	d Capacity	(12/31/03):	210	Title 19 (Medicaid) Certified?	Yes
Number of Residen	ts on 12/31	/03:	206	Average Daily Census:	206

Services Provided to Non-Residents		Age, Gender, and Primary Di	-		(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis		Age Groups	용		19.4
Supp. Home Care-Personal Care	No					1 - 4 Years	32.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	18.0	More Than 4 Years	35.4
Day Services	No	Mental Illness (Org./Psy)	36.9	65 - 74	16.5		
Respite Care	No	Mental Illness (Other)	22.8	75 - 84	34.0		86.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	27.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.9	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	3.9	65 & Over	82.0		
Transportation	No	Cerebrovascular	4.9			RNs	14.0
Referral Service	No	Diabetes	2.9	Gender	용	LPNs	6.4
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.7	Male	33.5	Aides, & Orderlies	42.5
Mentally Ill	Yes			Female	66.5		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes	I			100.0		
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Method of Reimbursement

		edicare itle 18			Medicaid Sitle 19			Other			Private Pay			amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	1	 5.6	375	8	5.0	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	4.4
Skilled Care	17	94.4	318	141	88.1	116	1	100.0	235	27	100.0	180	0	0.0	0	0	0.0	0	186	90.3
Intermediate				11	6.9	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	5.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		160	100.0		1	100.0		27	100.0		0	0.0		0	0.0		206	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					0. Man all and		m . b . 1
ercent Admissions from:		Activities of	96		% Needing	% Totally	Total Number of
Private Home/No Home Health	1 6		•		Or Two Staff	-	Residents
Private Home/With Home Health	0.0		4.9	One	62.6	32.5	206
	9.1		13.1		75.7	11.2	206
Other Nursing Homes							206
Acute Care Hospitals		-				19.4	
Psych. HospMR/DD Facilities	3.2		22.3		58.7	18.9	206
Rehabilitation Hospitals	1.1				22.3	12.1	206
Other Locations		******	******	*****	*****	******	*****
otal Number of Admissions	187	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	7.3	Receiving Resp	iratory Care	6.3
Private Home/No Home Health	23.2	Occ/Freq. Incontiner	nt of Bladder	63.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	17.4	Occ/Freq. Incontiner	nt of Bowel	39.3	Receiving Suct	ioning	1.0
Other Nursing Homes	1.1				Receiving Osto	my Care	4.4
Acute Care Hospitals	10.0	Mobility			Receiving Tube	Feeding	3.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.0	Receiving Mech	anically Altered Diets	30.1
Rehabilitation Hospitals	0.0	. <u> </u>			3	-	
Other Locations	5.3	Skin Care			Other Resident C	haracteristics	
Deaths	43.2			10.7	Have Advance D	irectives	66.0
otal Number of Discharges	10.2	With Rashes		9.7	Medications	110001400	00.0
(Including Deaths)	190	witti natios		J • 1		hoactive Drugs	67.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	90	용	Ratio	용	Ratio	용	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.1	87.8	1.12	95.6	1.03	88.1	1.11	87.4	1.12
Current Residents from In-County	100	86.6	1.15	82.0	1.22	82.1	1.22	76.7	1.30
Admissions from In-County, Still Residing	35.8	34.3	1.05	24.4	1.47	20.1	1.78	19.6	1.82
Admissions/Average Daily Census	90.8	71.2	1.27	101.2	0.90	155.7	0.58	141.3	0.64
Discharges/Average Daily Census	92.2	73.5	1.26	102.6	0.90	155.1	0.59	142.5	0.65
Discharges To Private Residence/Average Daily Census	37.4	24.3	1.54	45.6	0.82	68.7	0.54	61.6	0.61
Residents Receiving Skilled Care	94.7	89.5	1.06	87.0	1.09	94.0	1.01	88.1	1.07
Residents Aged 65 and Older	82.0	84.0	0.98	85.3	0.96	92.0	0.89	87.8	0.93
Title 19 (Medicaid) Funded Residents	77.7	74.5	1.04	71.8	1.08	61.7	1.26	65.9	1.18
Private Pay Funded Residents	13.1	17.8	0.74	17.8	0.74	23.7	0.55	21.0	0.63
Developmentally Disabled Residents	0.0	2.8	0.00	2.4	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	59.7	55.2	1.08	40.0	1.49	35.8	1.67	33.6	1.78
General Medical Service Residents	27.7	17.5	1.58	31.6	0.87	23.1	1.20	20.6	1.35
Impaired ADL (Mean)	45.3	49.3	0.92	49.8	0.91	49.5	0.92	49.4	0.92
Psychological Problems	67.5	68.8	0.98	69.7	0.97	58.2	1.16	57.4	1.18
Nursing Care Required (Mean)	8.3	7.4	1.12	6.7	1.24	6.9	1.19	7.3	1.13